Suicide Prevention Project on the Jicarilla Indian Reservation.

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Abstract

At the Jicarilla Apache Reservation, there are relatively high rates of completed suicides and suicide attempts and gestures compared to other Indian Tribes. This report highlights data from the Dulce "Decade of Hope" project, currently funded through the National Office of Substance Abuse Prevention (OSAP). Community mobilization, active involvement of tribal government leaders, and appropriation of tribal funds to this problem make this intervention unique in a Native American Community. The suicide prevention project has amassed ten years of suicide records (1980-1991) which form the basis for the study.

The Jicarilla Apache Indian reservation is located in north central New Mexico. The major community is nestled at the foothills of the San Juan Mountains. The reservation extends 65 miles southward from the Colorado border and is 25 miles wide at its widest point. The reservation encompasses 865,000 acres, half mountainous and half mesa and flat sage brush. Broad valleys and rolling hills intersect the reservation.

There are approximately 3,000 enrolled tribal members. The younger age group, 16-19, constitutes the major population subset. There are more females in the population than males. The major tribal complex and business offices are located in Dulce, New Mexico, which is in the northern-most part of the reservation.

The tribe receives a fair amount of income annually from oil and gas reserves, so poverty is not as severe as it is on many other Indian reservations. The Jicarilla Apaches face problems of alcoholism, unemployment, and depression, as is true for other tribes.

The Jicarilla Apache Tribal Government operates on an annual budget of approximately $12 million dollars. About $1.2 million is spend on substance abuse rehabilitation, law enforcement, and social services. Social problems produce over 3,500 cases which go through the tribal court system each year. Almost all of these cases are alcohol-related: public intoxication, alcohol-induced disorderly conduct, DWI, alcohol sales to minors, and child welfare cases arising from alcoholic families.

Today, many of the particular characteristics of Indian self-destruction among the Jicarilla Apache are similar to those noted in the early 1960's. Suicide continues to be a problem as it is in a number of Indian reservations. Of particular importance to this study is the high rate of adolescent suicide attempts, gestures and completions.

Some common aspects of suicides are found across tribal groups, including the Jicarilla. For example, in many Indian communities suicides tend to occur in clusters. A suicide of one young person, usually a male, can trigger a series of subsequent suicides and/or attempts in the same community. A high proportion of Indian suicides are more frequently related to alcohol and to violent methods, such as firearms and hangings.

This study reviews suicide rates over a 12-year period (January, 1980 to February, 1992) and discusses interventions implemented during the second half of the study period.

Overview

Early in 1989, Tribal leaders of the Jicarilla Apache Tribe became aware of some painful statistics. Our Tribe had the highest rate of suicide attempts of any tribe in the country. It was estimated that as many as 10% of Dulce's adolescents between the ages of 15-19 had made a suicide attempt between January, 1988, and May, 1989. However, there is considerable confusion surrounding how many adolescents actually attempt suicide each year. Factors which may contribute to the youth suicide problem are dysfunctional families, divorces, repeated separations, spouse abuse, alcoholism, physical and/or sexual abuse, legal problems, or family members' suicide attempts. Major social system-related problems may also perpetuate the high rate of adolescent suicide on the Jicarilla Apache Reservation.

The Jicarilla adolescent suicide rate in 1988 was almost 15 times the national adolescent average and almost five times higher than other New Mexico Indians. Alarmed at this exceedingly high rate, the Jicarilla Tribal Leaders lobbied Washington for financial and technical assistance to reduce this tragedy.

The tribal leadership's initial response was to question the efforts of the Indian Health Services to stop this epidemic. The IHS response was that they would provide counseling to persons who needed it, but the tribal leadership felt that this was not sufficient. At the behest of the Jicarilla Tribal leaders, the IHS made suicide prevention a priority and sought funds to increase the level of counseling and to develop an intervention system. Together with the IHS Mental Health and Special Initiatives Team, funding was identified through the IHS Office of Planning, Evaluation and Legislation. The National Model Adolescent Suicide Prevention Project was funded as a "638" contract to the Jicarilla Apache Tribe in 1989. Shortly thereafter, a group of tribal delegates traveled to Washington to request additional assistance. Also, assistance from the Kaiser Family Foundation was secured and mobilization of the population began in earnest. The result and acid test for the "Decade of Hope" began at this juncture and is the foundation for this study.

"The Decade of Hope" is a community mobilization process to bring a sense of purpose and empower the community. The goal of the project is to promote proactive dialogue by the Jicarilla people about their community problems, community strengths, and the resources available to them. Identification of barriers and challenges which prevent solutions is the first step to solving problems. The National Model Adolescent Suicide Prevention Project was greatly enhanced by the simultaneous efforts and implementation of the Decade of Hope project. Through the efforts of both programs, the community acknowledged the prevalence of adolescent suicides and accepted ownership of the problem. These steps created the momentum for change.

Methods

Data was obtained from the National Model Adolescent Suicide Prevention Project on the Jicarilla Apache Indian Reservation which spans January, 1980, through December, 1991. To be certain that all of the Jicarilla Apache suicides were identified, the following sources were consulted: 1) Dulce IHS Health Center and 2) the Santa Fe Indian Hospital. The suicide case definition included completed suicides, suicide attempts, and suicide gestures only of those Jicarillas who were residing on the reservation. Only 231 records had the complete information and met the case definition. Population estimates used to calculate rates for 1980-1990 for the Jicarilla Reservation came from the Jicarilla Tribal Census Office and the U.S. 1980 population census. These figures are based on tribal enrollment and do not include the non-tribal population.

Limitations of the study:

The National Model Suicide project has excellent activities and interventions, but the data collection and evaluation methodology has shortcomings. There were 251 actual cases from the project, but 10% of these were discarded due to incomplete data. Only 231 cases meet the case definition, but even these had missing information. For example, education levels were lacking for 63% of the cases. This made statistical analysis impossible on this critical factor. Although the Decade of Hope project has a good theoretical basis through the "community mobilization process" and recruitment of professional counselors, inconsistent conceptualization of the relationship between suicide and drug abuse became evident. Questions on use of hard drugs and the differentiation on alcohol gave misleading and paradoxical results.

The Decade of Hope project does not document specific interventions nor utilize a method for evaluating these interventions. The project has excellent process objectives, but statistical analysis to measure effectiveness is difficult with this type of paradigm. The frequency of counseling, of referrals for suicide attempters and gesturers, and of grief-counseling for survivors of suicide completers was not specifically stated nor documented. A conceptual framework for evaluating cases and program effectiveness through case controls was non-existent. Quantification of effectiveness is difficult to establish at this point of the study.

The small sample size and data collection limitations introduce bias and spurious results which must be considered in the analysis and interpretation .

The results of this study have some applicable generalizations that are likely to be beneficial to other tribes. Certainly the weaknesses themselves will enable other tribes to plan strategically for optimum use of resources. The statistical results have to be cautiously interpreted with sampling bias errors in mind. Nor should the benefits resulting from the analysis be underestimated. The Jicarilla teens and young adults are at risk, and they are more prone to lethal consequences without the national norm of overt signals or manifest signs of their intent to end their lives.

Results

Ten completed suicides (all males) led to the average suicide fatality rate of 58.3 per 100,000 population. The US 1980 census count (1,716) for the Jicarilla tribe was used to estimate the crude rate. In 1989 and 1991, the suicide rate doubled to 116.6 per 100,000 population. There were two completed suicides for these years. Of the 231 cases, 4% (10) were completed suicides, 35% were attempts, and 60% were gestures.

The statistical results are further discussed by year, gender, age groups and other characteristics of the victims and suicide episodes.

Suicides by Year:

Analysis of completed suicides, suicide attempts and suicide gestures for the eleven-year period generated increasing trends in each category. The completions started in 1984 with one case per year and two cases for years 1989 and 1991. Suicide attempts throughout the study period was the most variable. From 1980 to 1985 there was an average of 2 attempts per year. From 1986 to 1991 the average was increased threefold. The highest was 24 attempts in 1989. The gestures were increasing since the initiation of the record collections. An all time high of 22 cases were noted in 1986. This trend seems to have stabilized to 14 cases per year on average.

Suicides by Gender:

Only males (10) succeeded in taking their own lives. Among attempters, 57% were males. Females were more frequent among the suicide gestures, accounting for 60%.

Age group and self-destructive act:

Teens and young adults made up the major proportion of cases. The 10-19 age group constituted 35% of the cases, as did the 20-29 age group. Only 18% of the cases occurred in 30-39 age group. The 40+ age group constituted less than ten percent.

Suicide method by gender:

Drug ingestion was the preferred method overall. The most lethal method, gunshot, was used by males (5%). Hanging was exclusively a male method (10%). Drug overdose was a female-preferred method (the type of drug was not specified in the records). Stabbing or slashing was 5% for males and 10% for females. Motor vehicle as a destructive tool was not recorded for either sex.

Gender by previous attempt history:

A large majority of the aggregate suicides indicated no previous attempt histories. No outward or manifest signals were given by these suicide completers, attempters and gesturers. The percentages of male and females having previous attempts were 22% and 28%, respectively. Less than 10% of the cases had more than one previous attempt.

Gender by substance abuse:

40% of the females and 60% of the males had alcohol as a contributing factor during the suicide completion, attempt or gesture. The data on other drug use, including hard drugs, was too inconsistent and poorly defined to analyze.

Significant family history and contributing factors:

60% of the total suicide cases had a significant familial history. In 97%, familial history was considered a contributing factor.

Gender by employment status:

45% of cases were individuals without jobs, 20% were students, 20% were employed, and the remainder were of unknown status.

Marital Status:
Suicides were highest among single individuals (59%). The second highest were married people (17%). Divorced, cohabitating and separated individuals comprised 11% of the cases.
Location of Suicides:
77% of suicides, attempts or gestures occur in the home or around the home. Less than 9% of the cases occur in or near public places.
Education:
63 of the 231 cases were missing data on this variable.

Summary and Discussion

Many suicides went unreported prior to 1988. All of the completed suicides involved males. The methods chosen most often by the males were gunshots and hangings. Females, on the other hand, characteristically were attempters and gesturers using drug overdoses. The data showed a decreasing trend on suicide attempts for the years 1990-91, the first two years of the National Adolescent Suicide Prevention Project on the Jicarilla Apache Indian Reservation. A large percentage of the suicide gestures, attempts and completions were substance-abuse or alcohol related. The data also indicated that most suicides occur around or near the home. The individuals committing suicides were most often unmarried people without employment.

Recommendations

Data collection strengthened and monitored:

Many of the cases were missing any information on education levels. There were 252 total cases; of these, we used only 231. 146 cases were incomplete. Data was more accurate after 1988.

Interventions more specifically described:

Who makes the referrals to the project? Are most referrals by the individuals themselves, or by family members, by the schools, or by court order? How many times a week do these individuals seek counseling? What topics are discussed during each session, and how long do the clinets continue to receive counseling?

More sophisticated analysis of data:

Each of the variables warrants more rigorous statistical analysis based on complete and accurate records.

Support from Tribal members on interventions:

More support is needed from tribal members. Family members who have dealt with suicide may be the best support and leaders of this group. More tribal leaders and tribal members need to be involved in a special project like this, rather than having non-Jicarillas who may not be familiar with the true Jicarilla way of life. More of the Jicarilla traditions, culture, and language need to be taught to our young children, because many young people tend to lose their true identity as Jicarillas and thus their purpose in life. This loss alone may cause many to take their own lives. Education must also be stressed, but to maintain their culture and to gain knowledge to make it in the so-called “white man's world”. Many Jicarillas want what the outside world has to offer, but this comes with the price of serious problems. Results such as this study has revealed need to be examined and factors identified to develop strategies to deal effectively with these problems.